



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

For Official Use Only:

☐ Well Construction and/or ☐ Pump Installation

Instructions: Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by 3 copies and a non-refundable filing fee of **\$25.00** payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at **587-0225**. For further information and updates to this application form, visit <http://www.state.hi.us/dlnr/cworm>.

APPLICANT INFORMATION: (Fill out all three, if applicable, and place a check next to the primary contact)

1. (a) ☐ **WELL OWNER:** _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Fax: _____ E-mail: _____

(b) ☐ **LAND OWNER:** _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Fax: _____ E-mail: _____

(c) ☐ **CONTRACTOR:** _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Fax: _____ E-mail: _____ Lic #: _____

(circle one: C-57, C-57a, or A)

WELL & PUMP INFORMATION: (Please fill in the diagram on the back of this form.)

2. WELL NAME: _____

Island: _____

Address _____ Tax Map Key: _____

Zone - Sec - Plat : Parcel

Attach the relevant portion of (a) a 7.5-Minute Series USGS topographic map (scale 1:24,000) and include the name of the quad map, and (b) a property tax map, showing well location referenced to established property boundaries.

3. PROPOSED WORK: ☐ Construct New Well ☐ Install New Pump*

(check all that apply) ☐ Modify Existing Well* ☐ Modify Pump*

☐ Abandon/Seal*

*State Well No.: _____ (if unknown, please call Commission at 587-0225)

4. CONSTRUCTION: ☐ Drilled ☐ Dug ☐ Shaft ☐ Tunnel

Is this well part of a battery of wells? ☐ Yes ☐ No (Please describe)

5. PROPOSED PUMP INFORMATION: Rated Pump Capacity: _____ gallons per minute

Pump Type (Check one):

☐ Deep Well Turbine ☐ Submersible ☐ Centrifugal

☐ Rotary ☐ Rotary-Displacement ☐ Rotary-Gear

☐ Propeller ☐ Reciprocating ☐ Impulse

6. PROPOSED USE: ☐ Municipal (including hotels, stores, etc.) ☐ Industrial

(check all that apply) ☐ Domestic (individual, noncommercial water system) ☐ No. of Dwelling Units: _____

☐ Irrigation (crop) _____ ☐ No. of Acres: _____

☐ Military ☐ Other (explain): _____

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: _____ gallons per day

(b) METHOD OF FLOW MEASUREMENT: ☐ Flowmeter ☐ Open-pipe ☐ Weir ☐ Orifice ☐ Other(explain)

OTHER IMPORTANT INFORMATION:

8. LEGAL REQUIREMENTS: ☐ CDUP ☐ SMAP ☐ EIS ☐ EA ☐ None ☐ Other (explain)

9. REMARKS, EXPLANATIONS: _____

(if more space is needed, please attach additional sheet)

I understand that approval of this application attaches the following standard conditions: 1) the proposed work is to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion/abandonment report within **60** days after the completion date of the permitted work; 3) monthly water use data shall be submitted to the Commission; 4) such approval shall not constitute a determination of correlative water rights and shall not guarantee the pump capacity or future use up to the permitted pump capacity.

Well Owner _____ Landowner _____ Contractor _____

Signature _____ Signature _____ Signature _____

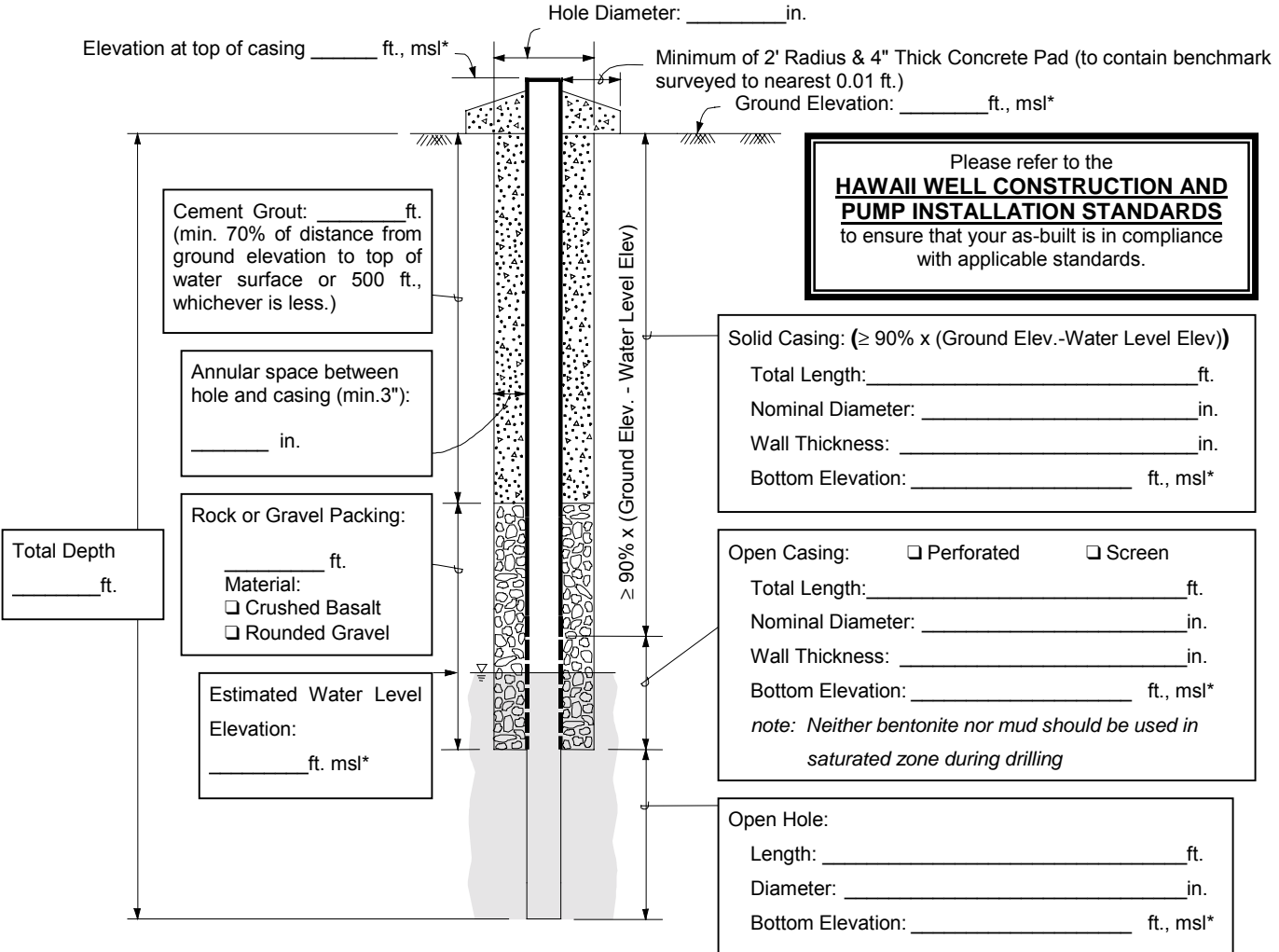
Date _____ Date _____ Date _____

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Latitude _____ Aquifer System No. _____

Longitude _____ State Well No. _____

10. PROPOSED WELL SECTION *(Please attach schematic if different from diagram provided below)*



* The approximate elevation must be referenced to mean sea level (msl) at the time of application filing. Final elevations of well components shall be submitted in the Well Completion/Well Abandonment reports and referenced to a benchmark which has been established by a surveyor licensed by the State.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,

$$\text{Bottom Elevation of Well Limit} = \left(\text{Water Elevation} - \frac{41 \times \text{Water Level Elevation}}{4} \right)$$

Example: Estimated + 2 ft. Water Level Elev. \rightarrow Bottom Elevation of Well Limit = $\left(2 - \frac{41 \times (2)}{4} \right) = -18.5$ ft.

Solid Casing Material:

Carbon Steel: compliant with (*check one or more*): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (*check one*) ☐ Schedule 40 ☐ Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120

Thermoset Plastic: (check one)

- ☐ Filament Wound Resin Pipe conforming to ASTM D2996
- ☐ Centrifugally Cast Resin Pipe conforming to ASTM D2997
- ☐ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- ☐ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- ☐ PTFE Fluorocarbon Tubing conforming to ASTM D3296
- ☐ FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:

Carbon Steel: compliant with (check one or more): ☐ ANSI/AWWA C200 ☐ API Spec. 5L ☐ ASTM A53 ☐ ASTM A139

And compliant with (check one or more): ☐ ASTM A242 ☐ Type E ☐ Type S ☐ Grade B ☐ Other

Stainless Steel: (check one): ☐ ASTM A409 (production wells) ☐ ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) ☐ Schedule 40 ☐ Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): ☐ Schedule 40 ☐ Schedule 80 ☐ Schedule 120

Thermoset Plastic: (check one)

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